



MEMBERSHIP REINSTATEMENT FORM

Mr. Mrs. Ms. Miss

***Fields in Yellow are required**

Name: _____ Broker Code: _____

Company Name: _____

Company Address: _____ City: _____ Zip Code: _____

Company Phone: _____ Company Fax: _____

Home Address: _____ City: _____ Zip Code: _____

Gender Male Female Date of Birth: ____/____/____ Home Phone: () ____ - ____

Cell Phone: () ____ - ____ Accepts Texts Yes No Direct Line: () ____ - ____

Email Address: _____

Real Estate License Number: _____ Expiration Date: ____/____/____

Foreign Language (s) that I speak _____

Please check class of membership reinstating to:

REALTOR-ASSOCIATE® Non Resident REALTOR-ASSOCIATE® REALTOR®

Designated REALTOR® Public Service Institutional

I am enclosing my checks or credit card form for my dues and mls fee.

_____ \$50.00 for a one year lapse in Membership

_____ \$75.00 for a two year lapse in Membership

DESIGNATED REALTOR'S SIGNATURE: _____ Date: _____

THERE ARE NO REFUNDS OF DUES OR FEES

The Voice For Real Estate



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